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Understanding Your Pain

Taking Oral Opioid Analgesics

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The information contained in this brochure does not take the place of talking with your healthcare provider about your pain and your pain medications.

TAKING ORAL OPIOID ANALGESICS

WHAT ARE OPIOID ANALGESICS?

Opioid (oh'-pee-oyd) analgesics used to be called narcotics, but today the correct term for these pain medicines is opioids. Opioids are one type of pain medicine; another type is nonopioids which includes medicines like acetaminophen (such as Tylenol® tablets, caplets, or gelcaps) and ibuprofen (such as Motrin® IB tablets, caplets, or gelcaps). Nonopioids are generally used to treat mild pain, whereas opioid analgesics are used to treat moderate to severe pain.

Like all medicines, only the person who is prescribed opioids should take them. They should be kept in a safe place where children and others cannot reach them.

Opioids may be given by mouth, by injection into the muscle, vein, or spine, or by other methods. The most common and convenient way to take opioids is by mouth (known as

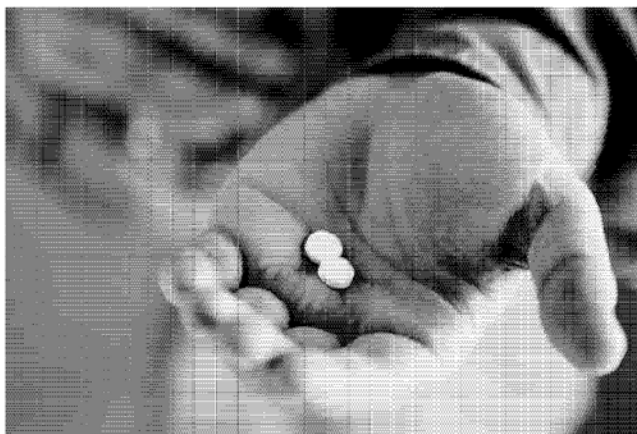
oral opioids). Most oral opioids are available as pills; some are available as liquids. In this brochure, we will discuss the pills.

HOW LONG DOES PAIN RELIEF FROM AN ORAL OPIOID LAST?

Opioids may be short-acting or long-acting.

Short-acting opioids are sometimes called immediate release. These opioids usually have an effect within an hour and relieve pain for about 4 hours.

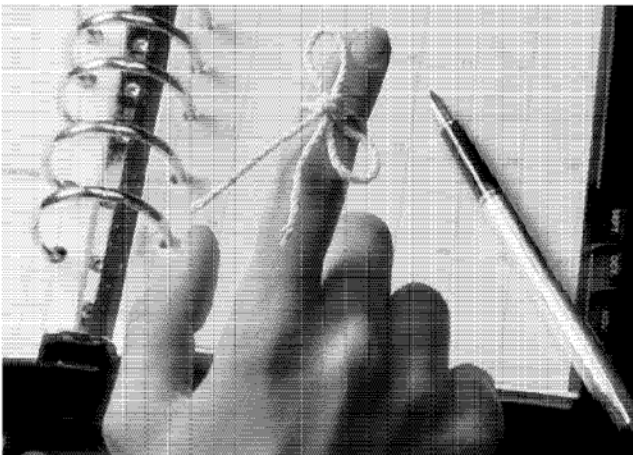
- ◆ Short-acting opioids are usually taken when pain lasts only a few days.
- ◆ Examples of oral short-acting opioids:
 - codeine
(as in Tylenol #3® tablets)
 - hydrocodone
(as in Zydone® tablets or Vicodin® tablets)
 - hydromorphone
(such as Dilaudid® tablets)
 - morphine
(such as MSIR® tablets or capsules)
 - oxycodone
(as in Percocet® tablets, Tylox® capsules, or Roxicodone® tablets or oral solution)
 - propoxyphene
(as in Darvon® capsules or Darvocet-N® tablets)
- ◆ Some short-acting opioid medicines contain the opioid alone while others contain a combination of an opioid and a nonopioid, often acetaminophen (such as Tylenol® tablets, caplets or gelcaps). For example, oxycodone may be given alone (such as Roxicodone® tablets or oral solution) or in combination with acetaminophen as in Percocet® tablets.



- ◆ When an opioid is combined with acetaminophen, the total dose of acetaminophen taken in one day should not be more than 4000 mg. Higher doses could damage your liver. People who have liver disease or drink alcohol heavily should take even less acetaminophen. Be aware of how much acetaminophen is in your medicine, both prescribed medicine and medicine you get without a prescription, such as cold remedies.

Long-acting forms of opioids are sometimes called controlled-release or extended-release. This means the medicine is gradually released into the body over an 8 to 12 hour period or longer.

- ◆ Long-acting opioids are usually used for chronic pain that lasts most of the day. They are taken at regularly scheduled times, such as every 12 hours. In addition, a short-acting pain medicine is usually prescribed at the same time, with instruction to take a dose as needed should the pain temporarily increase.
- ◆ Examples of oral long-acting opioids:
morphine
(such as Oramorph® tablets,
MS Contin® tablets, or Avinza® capsules)
oxycodone
(such as OxyContin® tablets)



WHAT SHOULD I KNOW ABOUT OPIOIDS AND ADDICTION?

You or your family may have questions about addiction. It is important to understand what addiction is. Addiction **IS** a chronic brain disease that can occur in some people exposed to certain substances such as alcohol, cocaine, and opioids. Taking opioids for pain relief is not addiction. People addicted to opioids crave the opioid and use it regularly for reasons other than pain relief.

Addiction **IS NOT** when a person develops "withdrawal" (such as abdominal cramping or sweating) after the medicine is stopped quickly or the dose is reduced by a large amount. Your doctor will avoid stopping your medication suddenly by slowly reducing the amount of opioid you take before the medicine is completely stopped. Addiction also **IS NOT** what happens when some people taking opioids need to take a higher dose after a period of time in order for it to continue to relieve their pain. This normal "tolerance" to opioid medications doesn't affect everyone who takes them and does not, by itself, imply addiction. If tolerance does occur, it does not mean you will "run out" of pain relief. Your dose can be adjusted or another medicine can be prescribed.

Some questions you may have are:

Is it wrong to take opioids for pain?

- ◆ No. Pain relief is an important medical reason to take opioids as prescribed by your doctor. Addicts take opioids for other reasons, such as unbearable emotional problems. Taking opioids as prescribed for pain relief is not addiction.

How can I be sure I'm not addicted?

- ◆ Addiction to an opioid would mean that your pain has gone away but you still take the medicine regularly when you don't need it for pain, maybe just to escape from your problems.
- ◆ Ask yourself: Would I want to take this medicine if my pain went away? If you answer no, you are taking opioids for the right reasons—to relieve your pain and improve your function. You are not addicted.

IF I TAKE THE OPIOID NOW, WILL IT WORK LATER WHEN I REALLY NEED IT?

Some patients with chronic pain worry about this, but it is not a problem.

- ◆ The dose can be increased or other medicines can be added.
- ◆ You won't "run out" of pain relief.

WHAT CAN I DO ABOUT SIDE EFFECTS?

Talk to your doctor, nurse, or pharmacist about the side effects of opioids. If they

occur, remember that most opioid side effects can be treated or prevented.

Constipation

- ◆ Constipation from opioids is very common, but it can be prevented. If it does occur, it can be treated.
- ◆ Prevention is the best approach. If you take opioids daily, you need to eat more fiber and drink more liquids than you usually do. Many people also need to take a laxative. The most common type is a combination of stool softener and mild stimulant laxative. Those that can be purchased without a prescription include Peri-Colace® capsules or syrup and Senokot-S® tablets. Ask your pharmacist about less expensive generic forms.

Nausea or vomiting (upset stomach)

- ◆ This does not always occur, but if it does, it can be treated. Ask your doctor, nurse, or pharmacist for medicine to relieve this. After a few days, the nausea usually stops.
- ◆ Try sitting still and breathing slowly through your mouth.
- ◆ Nausea medicines that you can buy without a prescription include Dramamine® tablets and Emetrol® oral solution.
- ◆ If your pain is under good control, you may be able to reduce the nausea by taking a lower dose of opioid.

Drowsiness (sleepiness)

- ◆ Some degree of sleepiness would be normal when you start taking an opioid, but after a few days the drowsiness usually goes away.



- ◆ To offset the drowsiness, try beverages that contain caffeine, such as coffee or sodas.
- ◆ If your pain is under good control, you may be able to reduce the drowsiness by taking a lower dose of opioid.
- ◆ Be careful. If you feel drowsy, do not drive a car or operate any dangerous machinery. Steady yourself when you walk.

"Slowed breathing"

- ◆ The medical term for "slowed breathing" is "respiratory depression."
- ◆ This is very rare when oral opioids are used appropriately for pain relief.
- ◆ If you become so sleepy that you cannot make yourself stay awake, you may be in danger of slowed breathing. Stop taking your opioid and call your doctor immediately.

HOW MUCH AND HOW OFTEN SHOULD I TAKE MY PAIN MEDICINE?

Keep on top of your pain—don't wait until pain becomes severe to take your medicine. Pain is easier to control before it reaches full force. Set a goal with your doctor or nurse for pain relief that makes it easy for you to sleep at night and to do your daily activities.

Plan a schedule with your doctor or nurse that provides enough pain medicine to keep you comfortable and that is timed to prevent you from becoming uncomfortable from pain. *Only you and your doctor or nurse can determine the proper dosing schedule for your pain.*



Your doctor or nurse may instruct you to do some of the following:

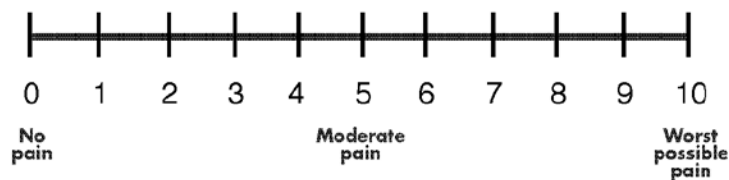
- ◆ Take the next dose before the last dose wears off. If pain is present most of the day and night, the pain medicine may be taken at regularly scheduled times. If you are taking a short-acting opioid, this usually means taking it every 4 hours. You may need to set your alarm, especially at night, to be sure you take your dose before the pain returns and wakes you up.
- ◆ If your pain comes and goes, take your pain medicine when pain first begins, before it becomes severe.
- ◆ If you are taking a long-acting opioid, you may only need to take it every 8 to 12 hours, but you may also need to take a short-acting opioid in between for any increase in pain.
- ◆ If you take an opioid regularly for longer than a week, don't suddenly stop taking it. When your therapy is complete, your doctor will slowly decrease your dose safely.

If you need to take more or less pain medicine than planned, contact your doctor to get the plan changed.

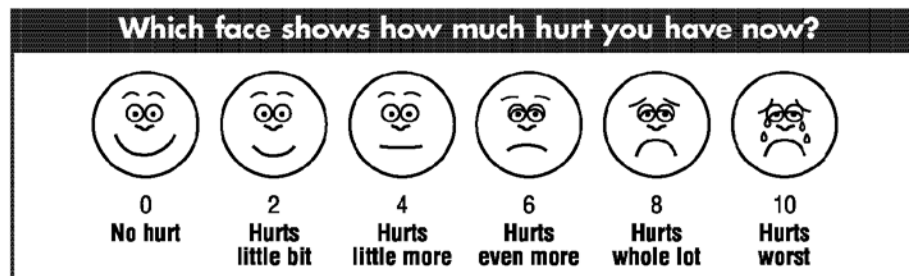
KEEPING TRACK OF YOUR PAIN

- ◆ Try using the “Pain Control Record” on the last page if you have any difficulty getting relief from your pain. This will help you keep track of how well your pain medicines are working and may make it easier to explain problems to your doctor or nurse.
 - ◆ Use a pain rating scale. Most people use the 0 to 10 scale or the faces scale to rate the intensity of their pain (see below).
 - ◆ Set a goal for pain relief. Ask yourself what activities you need to do, such as getting out of bed, sleeping, or walking. Then decide what pain rating will make it easy for you to carry out those activities. Everyone is different, but many people need a pain rating of 3 or less to be able to function well.
- See completed “Pain Control Record” on the next page for an example.

*0-10
Numeric
Pain
Rating
Scale*



*Faces
Pain
Rating
Scale†*



†Adapted from McCaffery M, Pasero C. *Pain: Clinical Manual*, 1999: p. 67, Mosby, Inc. Faces pain rating scale modified from Wong DL, Winkley & Wong's *Essentials of Pediatric Nursing*, 5th ed., 1997: pp. 1215-1216, Mosby, Inc.

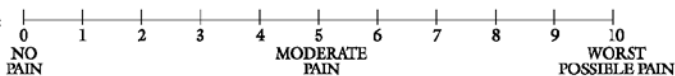
Example: Pain Control Record

This is a record of how your pain medicines are working. Please keep this record until you and your nurse/doctor find the dose and frequency of medicine that provides satisfactory pain relief for you most of the time. After that, you only need to keep this record when you have problems related to your pain medicines.

Name: John Date: Tuesday

GOALS Satisfactory pain rating: 3 Activities: care for self—perform prescribed exercises

Prescription: oxycodone 5mg every 4 hours as needed

My pain rating scale: 

Directions: Rate your pain before you take pain medication and 1 to 2 hours later.

Time	Pain Rating	Medicine I took:	Side Effects (drowsy? upset stomach?)	Activities
6 am	6	oxycodone 5mg		
8 am	3		no	shower, exercises
10 am	4	oxycodone 5mg		

If pain is greater than 6, or if you have other problems with your pain medicine, call:

Nurse: Name/phone Steve Jones 555-1111

Doctor: Name/phone Anne Smith 555-2222

Adapted with permission from McCaffery M, Pasero C: Pain: Clinical Manual, Mosby, p.87.

The example on this page shows that the pain medicine worked to relieve the pain to the patient's goal of 3 and allowed the patient to perform the necessary activities. This patient does not need to continue to use the pain control record because the pain medicine was successful. If it had not relieved the pain down to the goal of 3 or if the patient could not perform the activities because of pain, continued use of the record would help decide what additional pain relief is necessary.

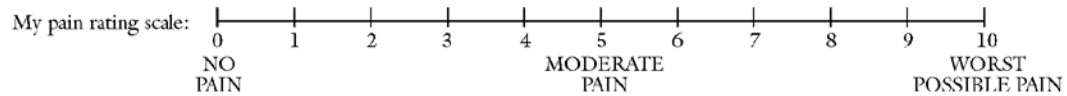
Pain Control Record*(May be copied for future use.)*

This is a record of how your pain medicines are working. Please keep this record until you and your nurse/doctor find the dose and frequency of medicine that provides satisfactory pain relief for you most of the time. After that, you only need to keep this record when you have problems related to your pain medicines.

Name: _____ Date: _____

GOALS Satisfactory pain rating: _____ Activities: _____

Prescription: _____



Directions: Rate your pain before you take pain medication and 1 to 2 hours later.

Time	Pain Rating	Medicine I took:	Side Effects (drowsy? upset stomach?)	Activities

If pain is greater than _____, or if you have other problems with your pain medicine, call:

Nurse: Name/phone _____

Doctor: Name/phone _____

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